



Montana Department of Transportation
Fuel Tax Management & Analysis
PO BOX 201001
HELENA MT 59620-1001
(406) 444-7689

Do Not Write In This Space

License
Number

Application for Special Fuel Users License

Section I: To be completed by all applicants. Failure to complete all items results in delay or denial of a Special Fuel Authorization

1. Legal Name			2. Business FEIN		
3. Trade Name (DBA)			4. DOT# (if applicable)		
5. Mailing Address Line 1			10. Location Address Line 1 (if different from mailing address)		
6. Mailing Address Line 2			11. Location Address Line 2		
7. City	8. State	9. Zip Code	12. City	13. State	14. Zip Code
15. Business Phone Number		16. Owner Name		17. Owner SSN or FEIN	
18. 'X' Type of Organization <input type="checkbox"/> Individual <input type="checkbox"/> Partnership (Section II) <input type="checkbox"/> Corporation – Regular (Section II) <input type="checkbox"/> Corporation – Subchapter S (Section II) <input type="checkbox"/> Other (Specify) _____ (Section II)					

Section II: Complete this Section if Type of Organization is Partnership, Corporation (regular or subchapter S or other).

19a. Officer or Partner Name		Title	Social Security Number
19b. Officer or Partner Name		Title	Social Security Number
20. Reason for Application (check application box and complete) <input type="checkbox"/> New License Request <input type="checkbox"/> Reissue of Cancelled License (items 20, 21, 22) <input type="checkbox"/> Name Change (items 20, 21, 22) <input type="checkbox"/> Purchased Business (items 20, 21, 22)			
21. Have you ever been issued a motor fuels license for this or any other business? <input type="checkbox"/> No <input type="checkbox"/> Yes (complete items 20, 21, 22)		22. Previous Trade Name	
23. Previous Owner Name			24. Previous License Number

Under penalties of perjury, I certify with my signature that to the best of my knowledge the information and statements on this application are true and correct and the number shown on this form is my correct taxpayer identification number. I agree that complete records of all Special Fuel used and mileage information, special fuels receipts and sales will be kept as required by the Montana Department of Transportation at location address and may be examined at any time during business hours by a representative of the Department. I further agree that Montana may withhold any refunds due me if I become delinquent in payment of fuel taxes. I also understand that failure to comply with these provisions shall be grounds for revocation of my fuel tax license(s).

Remember: include your original notarized bond form with the application.

Authorized Signature

Date

Title

Alternative accessible formats of this document will be provided on request.

General Instructions:

Section I:

- 1 Name of Organization
- 2 Enter Federal ID Number
- 3 Trade Name (DBA)
- 4 DOT Number (if applicable)
- 5 thru 14 If location of business differs from your mailing address, both addresses must be shown.
- 15 Number where you or your representative can be reached regarding your Special Fuel Licenses and/or tax report.
- 16 thru 17 Must be completed, if type of organization is individual.
- 18 Must fill out Section II if any box is checked, other than individual.

Section II:

- 19 Two (2) officer or partner names are necessary when licensing a partnership or corporation.
- 20 thru 24 Pre-existing account history is critical to processing the application. If an applicant has had a Special Fuel Permit that was surrendered or revoked, the applicant must pay a reissue fee of \$100.